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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF NEW JERSEY | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|--|--|--|-------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint C | ase): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your | James First name A. Middle name Deola | First name Middle name | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| | | | | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3429 | | |

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Case number (if known)

Debtor 1 James A. Deola

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 128 Millville Ave. Milmay, NJ 08340 | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Atlantic | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known) Debtor 1 James A. Deola

| 7. | The chapter of the Bankruptcy Code you are | | | rief description of each, see <i>Notice Required</i> go to the top of page 1 and check the appropriate the control of the control o | by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy riate box. |
|-----|--|-------|-----------------------------------|---|--|
| | choosing to file under | ■ Ch | apter 7 | | |
| | | ☐ Ch | apter 11 | | |
| | | ☐ Ch | apter 12 | | |
| | | ☐ Ch | apter 13 | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typically, if you are paying the fee attorney is submitting your payment on your b | neck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money ehalf, your attorney may pay with a credit card or check with |
| | | | | the fee in installments. If you choose this of in Installments (Official Form 103A). | otion, sign and attach the Application for Individuals to Pay |
| | | | I request that but is not requ | my fee be waived (You may request this op irred to, waive your fee, and may do so only if | tion only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line that e in installments). If you choose this option, you must fill out |
| | | | | | of it installments). If you choose this opiloti, you must fill out official Form 103B) and file it with your petition. |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | |
| | iast o years: | ⊔ res | District | When | Case number |
| | | | District | When | Case number |
| | | | District | When | Case number |
| 10. | Are any bankruptcy | ■ No | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | 3. | | |
| | | | Debtor | | Relationship to you |
| | | | District | When | Case number, if known |
| | | | Debtor | | Relationship to you |
| | | | District | When | Case number, if known |
| 11. | Do you rent your residence? | ■ No. | Go to li | ne 12. | |
| | | ☐ Yes | s. Has yo | ur landlord obtained an eviction judgment aga | inst you and do you want to stay in your residence? |
| | | | | | |
| | | | | No. Go to line 12. | |

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Debtor 1 James A. Deola Case number (if known)

| Part | Report About Any Bu | sinesses | You Own | as a Sole Proprietor |
|------|---|-----------|-----------------------------|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. |
| | | ☐ Yes. | Name | e and location of business |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | | per, Street, City, State & ZIP Code |
| | it to this petition. | | | k the appropriate box to describe your business: |
| | | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | s. If you in is, cash-fl | der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate adicate that you are a small business debtor, you must attach your most recent balance sheet, statement of low statement, and federal income tax return or if any of these documents do not exist, follow the procedure (1)(B). |
| | For a definition of small | ■ No. | I am n | not filing under Chapter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am fi | iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Pari | t 4: Report if You Own or | Have Any | Hazardo | ous Property or Any Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is t | the hazard? |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? Number, Street, City, State & Zip Code |
| | | | | |

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Debtor 1 James A. Deola

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 60 Case number (if known) Debtor 1 James A. Deola Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James A. Deola Signature of Debtor 2 James A. Deola Signature of Debtor 1 Executed on Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 James A. Deola Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Francis P. Cullari, Esquire | Date | | |
|--|---------------|---------------------|--|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| Francis P. Cullari, Esquire | | | |
| Printed name | | | |
| The Law Office of Francis P. Cullari | | | |
| Firm name | | | |
| 1200 Mill Road, Suite A | | | |
| Northfield, NJ 08225 | | | |
| Number, Street, City, State & ZIP Code | | | |
| Contact phone 609.383.3511 | Email address | cullari@comcast.net | |
| | | | |
| Bar number & State | | | |

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| | | Documeni | Page 8 of 60 | |
|---------------------|--------------------------|------------------------|--------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | James A. Deola | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|-------------|----------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 215,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 15,966.77 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 230,966.7 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | i abilities at you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 226,629.46 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 54,671.30 |
| | Your total liabilities | \$ | 281,300.76 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,895.49 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,886.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your dahts are primarily consumer dahts. Consumer dahts are those "incurred by an individual primarily for | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 James A. Deola

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$_ | 5,206.67 |
|----|--|-----|----------|
| | | 1 - | |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Debtor 1 Debtor 2 (Spouse, if filing the fi | Jam First N ates Bankruptcy hber al Form 1 edule A/ egory, separately best. Be as com h. If more space i ery question. escribe Each Res | O6A/B B: Pr / list and deplete and as needed, a | Middle the: DISTRICT COPERTY escribe items. List accurate as possible attach a separate si | e Name e Name OF NE an asset le. If two heet to t | w JERSEY t only once. If married peop his form. On t | Last Name Last Name an asset fits in more than one le are filing together, both are he top of any additional pages wn or Have an Interest In g, land, or similar property? | e equally responsible for | supplying correct |
|--|---|--|---|--|---|--|--|---|
| Debtor 2 (Spouse, if filial United Stat Case num Officia Scheo n each cate hink it fits t information. Answer evel No. Go Yes. V | First N ates Bankruptcy al Form 1 al Form 1 edule A/ egory, separately best. Be as com best. Be as com bery question. escribe Each Resown or have any so to Part 2. | O6A/B B: Pr / list and deplete and a s needed, a | Middle the: DISTRICT COPERTY escribe items. List accurate as possible attach a separate si | an asset le. If two heet to t | t only once. If married peop his form. On t I Estate You O | an asset fits in more than onle are filing together, both are he top of any additional pages | e equally responsible for | amended filing 12/15 in the category where you supplying correct |
| Officia Case num Officia Sche n each cate hink it fits b nformation. Answer ever No. Go Yes. \ | al Form 1 edule A/ egory, separately best. Be as com in If more space in ery question. escribe Each Resown or have any so to Part 2. | O6A/B B: Pr dist and deplete and as needed, a | the: DISTRICT COPERTY Escribe items. List accurate as possible ittach a separate si | an asset le. If two heet to t | t only once. If married peop his form. On t I Estate You O | an asset fits in more than onle are filing together, both are he top of any additional pages | e equally responsible for | amended filing 12/15 in the category where you supplying correct |
| Officia Case num Officia Scheo n each cate hink it fits b nformation. Answer ever De No. Go Yes. \ | ates Bankruptcy al Form 1 edule A/ egory, separately best. Be as com h. If more space i ery question. escribe Each Res own or have any so to Part 2. | O6A/B B: Pr dist and deplete and as needed, a | COPERTY escribe items. List accurate as possible attach a separate sluilding, Land, or Ot | an asset le. If two heet to t | t only once. If married peop his form. On t I Estate You O | an asset fits in more than on le are filing together, both are he top of any additional pages wn or Have an Interest In | e equally responsible for | amended filing 12/15 in the category where you supplying correct |
| Officia Sche n each cate hink it fits t nformation. Answer ever De No. Go Yes. \ | edule A/ egory, separately best. Be as com h. If more space i ery question. escribe Each Re- own or have any so to Part 2. | 06A/B B: Pr (list and deplete and a s needed, a | COPERTY escribe items. List accurate as possible as parate sluiding, Land, or Ot | an assel le. If two heet to t ther Real | t only once. If married peop his form. On t I Estate You O | le are filing together, both are he top of any additional pages wn or Have an Interest In | e equally responsible for | amended filing 12/15 in the category where you supplying correct |
| Officia Sche n each cate hink it fits k information. Answer ever Part 1: De No. Go Yes. V | edule A/ egory, separately best. Be as com . If more space i ery question. escribe Each Re- own or have any so to Part 2. | B: Pr list and de plete and a s needed, a | escribe items. List accurate as possible attach a separate sl | le. If two heet to t | married peop his form. On t | le are filing together, both are he top of any additional pages wn or Have an Interest In | e equally responsible for | amended filing 12/15 in the category where you supplying correct |
| Officia Sche n each cate hink it fits k information. Answer ever No. Go Yes. V | edule A/ egory, separately best. Be as com . If more space i ery question. escribe Each Re- own or have any so to Part 2. | B: Pr list and de plete and a s needed, a | escribe items. List accurate as possible attach a separate sl | le. If two heet to t | married peop his form. On t | le are filing together, both are he top of any additional pages wn or Have an Interest In | e equally responsible for | amended filing 12/15 in the category where you supplying correct |
| n each cate hink it fits be normation. Answer evel Part 1: De No. Go Yes. \ | edule A/ egory, separately best. Be as com n. If more space i ery question. escribe Each Re- own or have any Go to Part 2. | B: Pr list and de plete and a s needed, a | escribe items. List accurate as possible attach a separate sl | le. If two heet to t | married peop his form. On t | le are filing together, both are he top of any additional pages wn or Have an Interest In | e equally responsible for | in the category where you supplying correct |
| n each cate hink it fits to information. Answer ever ever ever ever ever ever ever e | egory, separately best. Be as com n. If more space i ery question. escribe Each Re own or have any Go to Part 2. | r list and desplete and a seeded, a | escribe items. List a accurate as possible attach a separate sl uilding, Land, or Ot | le. If two heet to t | married peop his form. On t | le are filing together, both are he top of any additional pages wn or Have an Interest In | e equally responsible for | in the category where you supplying correct |
| hink it fits be information. Answer ever ever ever ever ever ever ever e | best. Be as com If more space i ery question. escribe Each Re own or have any to to Part 2. | plete and a s needed, a sidence, Bu | accurate as possibl attach a separate sl uilding, Land, or Ot | le. If two heet to t | married peop his form. On t | le are filing together, both are he top of any additional pages wn or Have an Interest In | e equally responsible for | supplying correct |
| 128 | | erty? | | | | | | |
| | | | | What | t is the proper | ty? Check all that apply | | |
| Street | Millville Ave. | | | | Single-family | home | | claims or exemptions. Put |
| | t address, if available | , or other desc | cription | | Duplex or mu | ılti-unit building | | red claims on Schedule D: aims Secured by Property. |
| | | | | | Condominiur | n or cooperative | | |
| | | | | | Manufacture | d or mobile home | | |
| Milm | nay | NJ | 08340-0000 | | Land | | Current value of the entire property? | Current value of the portion you own? |
| City | - | State | ZIP Code | | Investment p | roperty | \$215,000.00 | \$215,000.00 |
| | | | | | | | (such as fee simple, te | f your ownership interest enancy by the entireties, or |
| | | | | Who | | st in the property? Check one | a life estate), if known. Fee simple | • |
| Atlaı | ntic | | | _ | Debtor 1 only | | 1 cc simple | |
| County | | | | | Debtor 2 only Debtor 1 and | | | |
| | , | | | | | of the debtors and another | Check if this is co | ommunity property |
| | | | | Othe | , 11 10 dot 0110 | you wish to add about this ite | , | |
| | | | | FM\ | / \$215,000. | 00 | | |
| | | | | less | COS & Tr | ustee Comm. \$21,500.0 | 0 | |
| | | | | | | ebt \$226,629.46 | | |
| | | | | | ance is neg | | | |
| | | | | ⊏xe | mption ava | mavie | | |

Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$215,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Б. | | | -JNP Do | c 1 Filed 01/27/17 Entered (Document Page 11 of 6 | 0 | 4 Desc Main |
|------|--|---|-------------------|---|----------------------------|---|
| | | ames A. Deola | | - | Case number (if known) | |
| 3. (| Cars, vans | , trucks, tractors, | sport utility ve | hicles, motorcycles | | |
| | □No | | | | | |
| | Yes | | | | | |
| | | | | | | |
| 3. | 1 Make: | Chevrolet | | Who has an interest in the property? Check one | | cured claims or exemptions. Put v secured claims on Schedule D: |
| | Model: | Corvette | | ■ Debtor 1 only | | ave Claims Secured by Property. |
| | Year: | 2013 | | Debtor 2 only | Current value of | the Current value of the |
| | Approxi | mate mileage: | 75,000 | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other in | formation: | | \square At least one of the debtors and another | | |
| | Vehicl | e has been in a | n accident | ☐ Check if this is community property (see instructions) | \$13,000 | \$6,500.00 |
| 5 | pages you | | r Part 2. Write t | n for all of your entries from Part 2, includin hat number here | | \$6,500.00 |
| | | | | erest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | | | china, kitchenware | | |
| | | Mis | scellaneous h | nousehold goods and furnishings | | \$3,000.00 |
| | Electronics Examples: ■ No □ Yes. De | Televisions and ra including cell phor | | eo, stereo, and digital equipment; computers, pi edia players, games | rinters, scanners; music o | collections; electronic devices |
| | Collectible: Examples: ☐ No ■ Yes. De | Antiques and figur other collections, r | | prints, or other artwork; books, pictures, or othe lectibles | r art objects; stamp, coin | , or baseball card collections; |
| | | Mis | scellaneous | | | \$200.00 |
| | | musical instrumen | hic, exercise, an | d other hobby equipment; bicycles, pool tables | , golf clubs, skis; canoes | and kayaks; carpentry tools; |
| | Firearms Examples □ No | s: Pistols, rifles, sho | otguns, ammunit | ion, and related equipment | | |

Official Form 106A/B Schedule A/B: Property page 2

| | Case 17-11571-JNP Doc 1 Filed 01/27/17 Entered 01/27/17 09:58:44 Document Page 12 of 60 | Desc Main |
|--------------|---|---|
| Debtor ' | James A. Deola Case number (if known) | |
| ■ Ye | es. Describe | |
| | 3 guns | \$1,000.00 |
| | amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | \$300.00 |
| ■ No | amples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold | l, silver |
| Exa ■ No | -farm animals amples: Dogs, cats, birds, horses os. Describe | |
| ■ No | other personal and household items you did not already list, including any health aids you did not list of the specific information | |
| for | Id the dollar value of all of your entries from Part 3, including any entries for pages you have attached Part 3. Write that number here | \$4,500.00 |
| | Describe Your Financial Assets own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | amples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition | |
| | Cash on hand | \$25.00 |
| Exa | osits of money amples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage hou institutions. If you have multiple accounts with the same institution, list each. Institution name: | ses, and other similar |
| | 17.1. Checking BB&T checking account | \$1,000.00 |
| Exa ■ No | ds, mutual funds, or publicly traded stocks amples: Bond funds, investment accounts with brokerage firms, money market accounts by Institution or issuer name: | |
| joir ■ No | -publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in trends to the transfer of the specific information about them | an LLC, partnership, and |

| D- | | | | Doc 1 | | Entered 0 age 13 of 60 | 1/27/17 09:58:44 | Desc Main |
|-----|---------------|---|--|----------------|--|---------------------------|---|---|
| De | ebtor 1 | James A. I | | | | | Case number (if known) | |
| | | | Name of | entity: | | | % of ownership: | |
| | Nego Non- | otiable instrumer | nts include persor | nal checks, c | gotiable and non-nego cashiers' checks, promis- transfer to someone by | sory notes, and m | oney orders. | |
| | ■ No □ Yes | s. Give specific in | nformation about Issuer na | | | | | |
| | Exar | ement or pension onples: Interests i | | eogh, 401(k) | , 403(b), thrift savings a | ccounts, or other p | pension or profit-sharing plar | ns |
| | ■ No □ Yes | s. List each acco | unt separately. | | | | | |
| | | | Type of acc | count: | Institution nam | e: | | |
| | Your | share of all unu | | have made | so that you may continu nt, public utilities (electric | | rom a company communications companies | or others |
| | _ | 3 | | | Institution nam | e or individual: | | |
| 23. | Annu | ities (A contract | for a periodic pa | yment of mo | oney to you, either for life | e or for a number of | of years) | |
| | ■ No | | 1 | Latera de Care | | | | |
| | | | Issuer name and | • | | | | |
| | | | tion IRA, in an a), 529A(b), and 5 | | qualified ABLE progra | am, or under a qu | ialified state tuition progra | m. |
| | | S | Institution name | and descript | tion. Separately file the r | ecords of any inte | rests.11 U.S.C. § 521(c): | |
| | Trust ■ No | s, equitable or | future interests | in property | (other than anything li | sted in line 1), ar | nd rights or powers exercis | sable for your benefit |
| | | s. Give specific | information about | t them | | | | |
| | _Exar | | | | and other intellectual eeds from royalties and | | ents | |
| | ■ No □ Yes | s. Give specific | information about | t them | | | | |
| | | | s, and other gen ermits, exclusive | | | oldings, liquor licer | nses, professional licenses | |
| | ☐ Yes | s. Give specific | information about | t them | | | | |
| Mc | oney o | r property owe | d to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax r | efunds owed to | you | | | | | |
| | ■ No □ Yes | s. Give specific i | nformation about | them, includ | ling whether you already | filed the returns a | and the tax years | |
| 29. | | ly support | | | | | | |
| | Exar ■ No | nples: Past due | or lump sum alim | iony, spousa | l support, child support, | maintenance, divo | orce settlement, property set | tlement |
| | | s. Give specific i | nformation | | | | | |

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

 \square Yes. Give specific information..

Case 17-11571-JNP Doc 1 Filed 01/27/17 Entered 01/27/17 09:58:44 Document Page 14 of 60 Case number (if known) Debtor 1 James A. Deola 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Π Nο Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: State Farm Life Insurance Company \$3,940.77 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list □ No Yes. Give specific information.. Freeform Holding Company, Inc. (liabilities exceed assets) \$1.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$4,966.77 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

 \square Yes. Give specific information......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Case number (if known)

Document James A. Deola

Debtor 1

| Part | 8: List the Totals of Each Part of this Form | | | |
|------|--|-------------|------------------------------|--------------|
| 55. | Part 1: Total real estate, line 2 | | | \$215,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$6,500.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$4,500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$4,966.77 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$15,966.77 | Copy personal property total | \$15,966.77 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$230,966.77 |

Official Form 106A/B Schedule A/B: Property page 6 Case 17-11571-JNP Doc 1 Filed 01/27/17 Entered 01/27/17 09:58:44 Desc Main

| Fill in this infor | ill in this information to identify your case: | | | | | | | |
|---|--|------------------------|-----------|-----------------------|--|--|--|--|
| Debtor 1 | James A. Deola | | |] | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JERSEY | | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | ☐ Check if this is an | | | | |
| | | | | amended filing | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Property | y You Claim | as Exempt |
|---------|----------|--------------|-------------|-----------|
|---------|----------|--------------|-------------|-----------|

| ٠. | Third Set of exemptions are you diaming. Once the only, even if your spouse is ming war you. | | | | | | | |
|------------------|--|--------------------------------------|-------|---|------------------------------------|--|--|--|
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
| | ■ You are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | 2013 Chevrolet Corvette 75,000 miles Vehicle has been in an accident | \$6,500.00 | | \$3,775.00 | 11 U.S.C. § 522(d)(2) | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| Vehicle has been | 2013 Chevrolet Corvette 75,000 miles Vehicle has been in an accident | \$6,500.00 | | \$2,725.00 | 11 U.S.C. § 522(d)(5) | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Miscellaneous household goods and furnishings | \$3,000.00 | | \$3,000.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Miscellaneous Line from Schedule A/B: 8.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) | | | |
| | LITE TOTT SCHEUUR AVB. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | 3 guns Line from Schedule A/B: 10.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(5) | | | |
| | | | | | | | | |

100% of fair market value, up to any applicable statutory limit

Case 17-11571-JNP Doc 1 Filed 01/27/17 Entered 01/27/17 09:58:44 Desc Main Document Page 17 of 60 Case number (if known)

| De | James A. Deola | | | Case number (ii known) | | |
|----|---|---|-----|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | Clothing & Accessories Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(3) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Cash on hand Line from Schedule A/B: 16.1 | \$25.00 | | \$25.00 | 11 U.S.C. § 522(d)(5) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Checking: BB&T checking account Line from Schedule A/B: 17.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(5) | |
| | Elite Hoffi Govedule 775. TTT | | | 100% of fair market value, up to any applicable statutory limit | | |
| | State Farm Life Insurance Company Line from Schedule A/B: 31.1 | \$3,940.77 | | \$3,940.77 | 11 U.S.C. § 522(d)(8) | |
| | Elite Hoffi Govedule 775. | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Freeform Holding Company, Inc. (liabilities exceed assets) | \$1.00 | | \$1.00 | 11 U.S.C. § 522(d)(5) | |
| | Line from Schedule A/B: 35.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmer | nt.) | |
| | ■ No | • | | , | , | |
| | ☐ Yes. Did you acquire the property cover | Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case | | | | |
| | □ No | | | | | |
| | ☐ Yes | | | | | |

| Case | 9 17-115/1-JNF | Document Document | /17 Enti Page 18 | erea 01/27/17 0 8 of 60 | 19:58:44 Des | с Main |
|------------------------------|------------------------------|---|---------------------|--------------------------------------|--|--------------------|
| Fill in this infor | mation to identify you | | 1 1 1 1 1 1 1 | 7 (7) | | |
| Debtor 1 | James A. Deola | | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | cif this is an |
| | | | | | amen | ded filing |
| Official Forr | m 106D | | | | | |
| | | Who Hove Claims | Caarma | d by Dranaut | | 4044 |
| <u>schedule</u> | D: Creditors | Who Have Claims | Secure | a by Propert | <u>y </u> | 12/15 |
| | e Additional Page, fill it o | If two married people are filing toget out, number the entries, and attach it | | | | |
| 1. Do any creditors | s have claims secured by | your property? | | | | |
| ☐ No. Chec | k this box and submit th | nis form to the court with your othe | r schedules. Y | ou have nothing else to | o report on this form. | |
| Yes Fill in | n all of the information l | helow | | - | • | |
| | | ociów. | | | | |
| <u> </u> | III Secured Claims | | | Column A | Column B | Column C |
| for each claim. If n | nore than one creditor has | nore than one secured claim, list the cr a particular claim, list the other credito cal order according to the creditor's nar | rs in Part 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| 2.1 PNC Ban | · · | Describe the property that secures | the claim: | value of collateral. \$226,629.46 | claim \$215,000.00 | If any \$11,629.46 |
| Creditor's Nam | | 128 Millville Ave. Milmay, N | | \$220,029.40 | Ψ213,000.00 | \$11,029.40 |
| | | Atlantic County | 3 00340 | | | |
| PO Box 3 | 180 | As of the date you file, the claim is | Check all that | | | |
| | h, PA 15230 | apply. Contingent | | | | |
| Number, Stree | t, City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as | mortgage or se | cured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and D | ebtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| ☐ At least one of | the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this community do | | Other (including a right to offset) | First Mort | gage | | |
| Date debt was inc | curred | Last 4 digits of account num | nber <u>8690</u> | | | |
| | | | | | | |
| Add the dollar v | value of your entries in C | olumn A on this page. Write that nun | nber here | \$226,62 | 9 46 | |
| | | the dollar value totals from all pages | | | | |
| Write that numb | | F-13 | | \$226,62 | 9.46 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| • | 5436 17 11071 0141 | Document Page 19 of | 60 |
|--|--|--|--|
| Fill in this | information to identify your ca | | |
| Debtor 1 | James A. Deola | | |
| Debtor 1 | First Name | Middle Name Last Name | |
| Debtor 2 | | | |
| (Spouse if, filir | ng) First Name | Middle Name Last Name | |
| United Sta | tes Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | |
| Case numb | ber | | |
| (if known) | | | ☐ Check if this is an |
| | | | amended filing |
| Official | Form 106E/F | | |
| | | o Have Unsecured Claims | 12/15 |
| | | | for creditors with NONPRIORITY claims. List the other party to |
| Schedule G: Schedule D: left. Attach t | Executory Contracts and Unexpire Creditors Who Have Claims Secur | d Leases (Official Form 106G). Do not include any cred by Property. If more space is needed, copy the Pa | cts on Schedule A/B: Property (Official Form 106A/B) and on editors with partially secured claims that are listed in rt you need, fill it out, number the entries in the boxes on the file that Part. On the top of any additional pages, write your |
| Part 1: | List All of Your PRIORITY Uns | cured Claims | |
| _ ` | creditors have priority unsecured | laims against you? | |
| No. | Go to Part 2. | | |
| ☐ Yes. | | | |
| Part 2: | List All of Your NONPRIORITY | Unsecured Claims | |
| 3. Do any | creditors have nonpriority unsecu | ed claims against you? | |
| □ No. | You have nothing to report in this par | Submit this form to the court with your other schedules. | |
| Yes. | | | |
| unsecur | ed claim, list the creditor separately f | r each claim. For each claim listed, identify what type of | s each claim. If a creditor has more than one nonpriority claim it is. Do not list claims already included in Part 1. If more nonpriority unsecured claims fill out the Continuation Page of |
| | | | Total claim |
| | dvanced Call Center | | University |
| | echnologies, LLC npriority Creditor's Name | Last 4 digits of account number | Unknown |
| | D Box 9091 | When was the debt incurred? | |
| | hnson City, TN 37615 | | |
| | mber Street City State Zlp Code no incurred the debt? Check one. | As of the date you file, the claim is: Che | eck all that apply |
| | | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| _ | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and anoth | По | ι: |
| □ del | Check if this claim is for a commi | nity Student loans Obligations arising out of a separation | agraement or diverse that you did not |
| | the claim subject to offset? | report as priority claims | agreement of divorce that you did not |
| | No | Debts to pension or profit-sharing plan | s, and other similar debts |
| | Yes | Other Specify Collecting for D | icks Sporting Goods |

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| Jebloi | James A. Deola | | Case number (if know) | |
|--------|--|--|---|-------------|
| 1.2 | Alliance One Receivables Management, Inc | Last 4 digits of account number | 9248 | Unknown |
| | Nonpriority Creditor's Name 6565 Kimball Dr Suite 200 Gig Harbor, WA 98335 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | og plans, and other similar debts | |
| | □ Yes | Other. Specify Collecting | | |
| | Barclays Bank Delaware / | | | |
| .3 | AAdvantage Card | Last 4 digits of account number | 3120 | \$22,433.00 |
| | Nonpriority Creditor's Name | _ | Omenad 40/07 Least Asting | |
| | 100 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 10/07 Last Active 5/04/15 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4 | Capital Management | Last 4 digits of account number | | Unknown |
| | 698 1/2 South Ogden St. Buffalo, NY 14206 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | og plans, and other similar debts | |
| | ■ No □ Yes | Other Specify Collecting | | |
| | ⊔ res | Ther Specify Collecting | IUI DAICIAVS DAIIK | |

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| James A. Deola | | Case number (if know) | |
|--|--|--|-------------|
| Carrie A. Brown, Esquire Nonpriority Creditor's Name | Last 4 digits of account number | | Unknown |
| 120 Corporate Blvd. Norfolk, VA 23502 | When was the debt incurred? | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | · | for Portfolio Recovery | |
| Chase Receivables | Last 4 digits of account number | 7928 | Unknown |
| Nonpriority Creditor's Name Attn: Correspondence Po Box 15298 | When was the debt incurred? | Opened 1/01/87 Last Active 7/31/12 | |
| Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Collecting | for Verizon | |
| Citicards Cbna | Last 4 digits of account number | 9248 | \$22,265.00 |
| Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 | When was the debt incurred? | Opened 12/88 Last Active 2/26/15 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | agreement of diverse that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other Specify Credit Card | I | |

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| James A. Deola | Case number (if know) | |
|---|---|------------|
| Dicks Sporting Goods Nonpriority Creditor's Name | Last 4 digits of account number 6813 | \$2,361.00 |
| 345 Court St. Coraopolis, PA 15108 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | ■ Other. Specify Revolving charge account | |
| ERC/Enhanced Recovery Corp | Last 4 digits of account number 7494 | \$990.00 |
| Nonpriority Creditor's Name 8014 Bayberry Rd | When was the debt incurred? Opened 09/16 | |
| Jacksonville, FL 32256 Number Street City State Zlp Code | As of the date you file the claim in Observation that | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Collection Attorney Erc/Directv Inc. | |
| Portfolio Recovery | Last 4 digits of account number 9429 | \$5,675.00 |
| Nonpriority Creditor's Name Po Box 41067 | When was the debt incurred? Opened 03/16 | |
| Norfolk, VA 23541 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| | | |
| ☐ Yes | ■ Other. Specify Factoring Company Account Citibank N.A. | |

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| Debt | James A. Deola | Case number (if know) | |
|----------|---|--|----------|
| 4.1 1 | South Jersey Gas | Last 4 digits of account number 6567 | \$781.30 |
| | Nonpriority Creditor's Name PO Box 6091 | When was the debt incurred? | |
| | Bellmawr, NJ 08099 | when was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Services | |
| 4.1 2 | United Collection Bureau, Inc | Last 4 digits of account number 9248 | Unknown |
| | Nonpriority Creditor's Name 5620 Southwyck Blvd Suite 206 | When was the debt incurred? | |
| | Toledo, OH 43614 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collecting for CitiBank | |
| 4.1 | Verizon | Last 4 digits of account number 2053 | \$166.00 |
| | Nonpriority Creditor's Name | | |
| | 500 Technology Dr Suite 500 | When was the debt incurred? Opened 01/07 | |
| | Weldon Spring, MO 63304 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | ∏ yes | Other Specific Services | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 James A. Deola

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 54,671.30 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 54,671.30 |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|---------------------|-----------|--|
| Debtor 1 | James A. Deola | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JEF | RSEY | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit Name, Numb | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | - |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| | , | | 3. | | |

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| | | Docume | nt Page 26 d | of 60 | |
|---|---|---|--|---|---|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | James A. Deola | | | | |
| Debioi i | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fill | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | DISTRICT OF NEW JE | RSEY | | |
| Case num | her | | | | |
| (if known) | | | | □ Ch | eck if this is an |
| | | | | am | ended filing |
| Sched Codebtors Decople are ill it out, a your name | e filing together, both are equ | re also liable for any deb ally responsible for supp boxes on the left. Attach . Answer every question | olying correct informat In the Additional Page t I | is complete and accurate as possible ion. If more space is needed, copy to this page. On the top of any Additi | he Additional Page, |
| 1. Do | you nave any codeptors? (If | you are filing a joint case, o | do not list eitner spouse | as a codeptor. | |
| ■ No | | | | | |
| ☐ Ye | S | | | | |
| Arizor | thin the last 8 years, have you ha, California, Idaho, Louisiana. Go to line 3. Did your spouse, former spouse. | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | ry? (Community property states and tentington, and Wisconsin.) | rritories include |
| in line Form out C | e 2 again as a codebtor only i | f that person is a guaran Form 106E/F), or Sched | tor or cosigner. Make | rif your spouse is filing with you. Lissure you have listed the creditor on 16G). Use Schedule D, Schedule E/F, Column 2: The creditor to whom Check all schedules that apply: | Schedule D (Official , or Schedule G to fill |
| | | | | — | |
| 3.1 | Name | | | ☐ Schedule D, line | - |
| | rano | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | - |
| • | Number Street City | State | ZIP Code | _ | |
| | | | | Полит | |
| 3.2 | Name | | | □ Schedule D, line □ □ Schedule E/F, line | - |
| | | | | ☐ Schedule G, line | _ |
| | | | | — Scriedule G, IIIIe | - |
| | Number Street | State | ZIP Code | | |

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| Fill | in this information to identify your ca | ase: | | | | ļ | | | | | |
|--------------------|--|-------------------------------|--|---------------------|----------------|--------------------|----------------------|---|-------------------|------------|---------------|
| Del | otor 1 James A. De | eola | | | _ | | | | | | |
| | otor 2 | | | | _ | | | | | | |
| Uni | ted States Bankruptcy Court for the | : DISTRICT OF NEW J | ERSEY | | _ | | | | | | |
| (If kr | fficial Form 106I | | | | | ☐ An ☐ A s | | ed filing ent showin as of the fo | | | hapter |
| S | chedule I: Your Inc | ome | | | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your spith you, do not include | oouse i e inforr | s liv natio | ing with yon about | ou, incl your spo | ude inforr ouse. If m | mation ore spa | about yo | our eeded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fi | iling sp | pouse | |
| | If you have more than one job, | Empleyment status | ■ Employed | Employed | | | ☐ Emplo | oyed | | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | | ☐ Not e | mployed | | | |
| | employers. | Occupation | Manager | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | A&M Bertoldi Bui | ilders | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 718 Cedar Ave. Pitman, NJ 08071 | | | | | | | | |
| | | How long employed t | here? 1 Year | | | | _ | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to rep | ort for | any | line, write | \$0 in the | space. In | clude y | our non-f | filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all e | mplo | oyers for th | hat perso | n on the li | nes be | low. If yo | u need |
| | | | | | | For Debt | tor 1 | For De non-fili | | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 6,2 | 240.00 | \$ | | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | | N/A | |

Calculate gross Income. Add line 2 + line 3.

6,240.00

N/A

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| Deb | tor 1 | James A. Deola | - | C | ase | number (if known) | _ | | | |
|-----|---------------------------------|--|-----------|------------|-----------------|-------------------|-----|-----------------|---------------------|------------------|
| | | | | | | Debtor 1 | 1 | | or 2 or g spouse | |
| | Cop | by line 4 here | 4. | | \$ | 6,240.00 | 5 | § | N/A | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ì. | \$ | 1,344.51 | 9 | 6 | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$_ | 0.00 | 5 | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c |) . | \$ | 0.00 | 9 | 5 | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | i. | \$ | 0.00 | 9 | 5 | N/A | _ |
| | 5e. | Insurance | 5e | | \$ | 0.00 | (| | N/A | |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | 5 | | N/A | _ |
| | 5g. | Union dues | 5g | | \$_ \$ | 0.00 | | | N/A | _ |
| _ | 5h. | Other deductions. Specify: | _ | | · — | 0.00 | + 5 | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 1,344.51 | (| | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 4,895.49 | (| ` | N/A | <u> </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | ì. | \$ | 0.00 | Ç | 5 | N/A | |
| | 8b. | Interest and dividends | 8b |). | \$ | 0.00 | 9 | <u> </u> | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c |) . | \$ | 0.00 | Ş | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d | i. | \$ | 0.00 | 5 | <u> </u> | N/A | _ |
| | 8e. | Social Security | 8e | €. | \$ | 0.00 | 5 | 5 | N/A | <u> </u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g | | \$ | 0.00 | | <u> </u> | N/A N/A | |
| | 8g. 8h. | Other monthly income. Specify: | 8h | | _{\$} — | 0.00 | | | N/A N/A | _ |
| | 011. | | _ ''' | | | 0.00 | | | | _ |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | \$ | § | N/ | Α |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 4,895.49 + \$ | | N/A | A = \$ | 4,895.49 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | - | | 1,000.40 | | 14/2 | ~ · - | 4,000.40 |
| 11. | State Included the other Double | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depe | | , | , | • | in <i>Sched</i> | lule J. 1. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | 2. \$ | 4,895.49 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | Combi month | ned ly income |
| | | No. | | | | | | | | |
| | | Voc Explain: | | | | | | | | |

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| Fill | in this informa | tion to identify yo | our case: | | | | | |
|------------|-----------------------------|------------------------------------|------------------------|--|--|-----------------------------|--|--|
| Deb | | James A. De | | | | Che | ck if this is: | |
| Deh | tor 2 | | | | | | An amended filing | ving postpetition chapter |
| | ouse, if filing) | | | | | | 13 expenses as of | |
| Unit | ed States Bankr | uptcy Court for the | : DISTRI | CT OF NEW JERSEY | | | MM / DD / YYYY | |
| 1 | e number nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your | Exper | ises | | | | 12/1: |
| Be info | as complete a | and accurate as | possible eded, atta | If two married people ar ch another sheet to this | e filing together, b form. On the top o | oth are equ f any additi | ally responsible fo onal pages, write y | or supplying correct your name and case |
| Par | | ibe Your House | hold | | | | | |
| 1. | Is this a join No. Go to | | | | | | | |
| | | | in a separ | ate household? | | | | |
| | □ No | 0 | • | | | | | |
| | ☐ Ye | es. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | | enses include people other t | han 📕 | No | | | | |
| | • | d your depende | | Yes | | | | |
| Par | t 2: Estim | ate Your Ongoi | na Month | v Expenses | | | | |
| Est exp | imate your ex | penses as of y | our bankr | uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | value of such | n assistance an | non-cash d have ind | government assistance i cluded it on <i>Schedule I:</i> \ | f you know /our Income | | Your exp | oneoe |
| (Off | ficial Form 10 | ы.) | | | | | rour exp | Uligua |
| 4. | | r home owners d any rent for th | | ses for your residence. I r lot. | nclude first mortgag | e 4. \$ | \$ | 1,317.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. S | \$ | 750.00 |
| | | rty, homeowner's | | | | 4b. \$ | · | 135.00 |
| | | | | ıpkeep expenses | | 4c. \$ | · | 150.00 |
| 5. | | owner's associat | | dominium dues our residence, such as ho | me equity loans | 4d. 5 | | 0.00 |
| J. | Auditional I | iorigage payiii | citio for yo | on residence, such as 110 | mo c quity idans | J. v | ¥ | 0.00 |

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| Debtor 1 | James A. Deola | Case num | ber (if known) | |
|------------|--|-----------------|----------------|---|
| 6. Uti | lities: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 650.00 |
| 6b. | | 6b. | \$ | 0.00 |
| 6c. | , , , , , | 6c. | \$ | 188.00 |
| 6d. | | 6d. | · · | 0.00 |
| | od and housekeeping supplies | 7. | · · | 307.00 |
| | ildcare and children's education costs | 8. | \$ | 0.00 |
| _ | thing, laundry, and dry cleaning | 9. | \$ | 80.00 |
| | sonal care products and services | 10. | \$ | 64.00 |
| | dical and dental expenses | 11. | | 195.00 |
| | insportation. Include gas, maintenance, bus or train fare. | | · | 100.00 |
| | not include car payments. | 12. | \$ | 350.00 |
| . Ent | tertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 200.00 |
| . Ch | aritable contributions and religious donations | 14. | \$ | 50.00 |
| . Ins | urance. | | | |
| Do | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a | a. Life insurance | 15a. | \$ | 0.00 |
| 15b | o. Health insurance | 15b. | \$ | 0.00 |
| 150 | c. Vehicle insurance | 15c. | \$ | 250.00 |
| 150 | d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | kes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify: | 16. | \$ | 0.00 |
| 7. Ins | tallment or lease payments: | | | |
| 17a | a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b | o. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 170 | c. Other. Specify: | 17c. | \$ | 0.00 |
| 170 | I. Other. Specify: | 17d. | \$ | 0.00 |
| . Yo | ur payments of alimony, maintenance, and support that you did not report | | | |
| | ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106 | i). 18. | | 0.00 |
| | ner payments you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 19. | | |
| . Oth | ner real property expenses not included in lines 4 or 5 of this form or on So | | | |
| | a. Mortgages on other property | 20a. | | 0.00 |
| | o. Real estate taxes | 20b. | · · | 0.00 |
| | c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | e. Homeowner's association or condominium dues | 20e. | | 0.00 |
| . Oth | ner: Specify: Auto Maintenance & Repair | 21. | +\$ | 100.00 |
| Pe | rsonal grooming and miscellaneous | | +\$ | 100.00 |
| . Cal | culate your monthly expenses | | | |
| | a. Add lines 4 through 21. | | \$ | 4,886.00 |
| | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J- | -2 | \$ | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1 996 00 |
| 220 | Add into 22a and 22b. The result is your monthly expenses. | | Ψ | 4,886.00 |
| | culate your monthly net income. | | | |
| 238 | a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 4,895.49 |
| 23b | c. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 4,886.00 |
| | | | | |
| 230 | c. Subtract your monthly expenses from your monthly income. | | 6 | 0.40 |
| | The result is your monthly net income. | 23c. | \$ | 9.49 |
| For mod | you expect an increase or decrease in your expenses within the year after example, do you expect to finish paying for your car loan within the year or do you expect y diffication to the terms of your mortgage? No. | | | or decrease because c |
| | No. Ves Explain here: | | | |
| 1.1 | Yes Exdiain Dere. | | | |

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| Fill in th | is informa | ation to identify your | case: | | | |
|-------------------------|----------------------|---|----------------------------|---------------------------|---------------------------|--|
| Debtor 1 | | James A. Deola | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, | | First Name | Middle Name | Last Name | | |
| United S | tates Bank | cruptcy Court for the: | DISTRICT OF NEW JERS | EY | | |
| Case nui | mber | | | | | – 0 |
| (if known) | | | | | | Check if this is an amended filing |
| Decl | aratio | | n Individual C | | | 12/15 |
| obtaining | money o | or property by fraud ir J.S.C. §§ 152, 1341, 1 | n connection with a bankru | | | ent, concealing property, or or imprisonment for up to 20 |
| | Oigii L | 5010W | | | | |
| Did | you pay o | or agree to pay some | one who is NOT an attorne | y to help you fill out ba | ankruptcy forms? | |
| | No | | | | | |
| | Yes. Na | me of person | | | | otcy Petition Preparer's Notice, nd Signature (Official Form 119) |
| | | of perjury, I declare rue and correct. | that I have read the summa | ary and schedules filed | d with this declaration ត | and |
| Y | /s/ James | s A Deola | | | | |
| ^ | | | | X | | |
| = | James A Signature | | | XSignature of I | Debtor 2 | |

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| Fill in this information t | o identify your | case: | | | |
|---|------------------------------------|--|---|--|---|
| Debtor 1 Jan | nes A. Deola | Middle Name | Last Name | | |
| Debtor 2 | vairie | Middle Name | Last Name | | |
| (Spouse if, filing) First N | lame | Middle Name | Last Name | | |
| United States Bankruptc | Court for the: | DISTRICT OF NEW JER | SEY | | |
| Case number | | | | | |
| (if known) | | | | _ | Check if this is an |
| | | | | | amended filing |
| Official Form 1 | 07 | | | | |
| | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/1 |
| | | | are filing together, both are | | |
| nformation. If more spล านmber (if known). Ans | | | this form. On the top of any | y additional pages, write yo | ur name and case |
| | | rital Status and Where Yoເ | Llived Refore | | |
| | | | a Lived Belole | | |
| I. What is your currer | nt marital statu | s? | | | |
| ☐ Married | | | | | |
| Not married | | | | | |
| 2. During the last 3 ye | ars, have you | lived anywhere other than | where you live now? | | |
| ■ N. | | | | | |
| ■ No □ Yes List all of t | he places you li | ved in the last 3 years. Do n | ot include where you live now | 1. | |
| | | , | ŕ | | |
| Debtor 1 Prior Add | ress: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| states and territories inclu | de Arizona, Ca | ifornia, Idaho, Louisiana, Ne | gal equivalent in a commun evada, New Mexico, Puerto R | | |
| Yes. Make sure | you fill out Scr | nedule H: Your Codebtors (O | miciai Form 106H). | | |
| Part 2 Explain the S | ources of You | r Income | | | |
| Fill in the total amou | nt of income you t case and you | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once ur | time activities. | ndar years? |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of curr | | ☐ Wages, commissions, bonuses, tips | \$2,880.00 | ☐ Wages, commissions, bonuses, tips | , |
| | | ☐ Operating a business | | ☐ Operating a business | |
| For last calendar year: (January 1 to Decembe | r 31, 2016) | ☐ Wages, commissions, bonuses, tips | \$66,192.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| Official Form 107 | | | fairs for Individuals Filing for B | | page |

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| Debtor 1 | James A. Deola | Document Page | 33 of 60 Case number (if known) |
|----------|----------------|---------------|------------------------------------|
| | | | |

| | | | | Debtor 1 | | | | Debtor 2 | | | |
|--|---|---|----------------------------------|---------------------------------|-------------------------------|---|--|--|----------------------------|---|--|
| | | | | | s of income Il that apply. | | income e deductions and ions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) | |
| For the calendar year before that: (January 1 to December 31, 2015) | | ☐ Wage bonuses | es, commissions, , tips | ons, \$28,929.00 | | ☐ Wages, commissions, bonuses, tips | | | | | |
| | | | | ☐ Opera | ating a business | | | ☐ Operating a | business | | |
| 5. | Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child and other public benefit payments; pensions; rental income; interest; dividends; money collected from law winnings. If you are filing a joint case and you have income that you received together, list it only once until the case and the gross income from each source separately. Do not include income that you listed to the case of | | | | | | | alimony; child supp cted from lawsuits; only once under Do | royalties; and ebtor 1. | | |
| | | | | Debtor 1 Sources Describe | of income | each | s income from source e deductions and ions) | Debtor 2 Sources of inc Describe below | | Gross income (before deductions and exclusions) | |
| Pa | rt 3: List | Certain Pa | vments You | Made Ref | ore You Filed for | Rankrun | tev | | | | |
| 6. | No. | Neither Deindividual puring the No. Yes | | | | | | | | | |
| | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? | | | | | | | | | | |
| | | ■ No. □ Yes | include pay | each credit | , , | om you paid a total of \$600 or more and the total amount you paid that creditor. Do not c support obligations, such as child support and alimony. Also, do not include payments to an ase. | | | | | |
| | Creditor's Name and Address | | | | Dates of payme | Dates of payment Total amount paid | | | Was this payment for | | |
| 7. | Insiders in of which you a business alimony. | _ No | | | | | | | | | |
| | | Name and | nents to an ir Address | isiuei. | Dates of payme | ent | Total amount | Amount you | Reason fo | r this payment | |
| | | | | | | | paid | still owe | | | |

Case 17-11571-JNP Doc 1 Filed 01/27/17 Entered 01/27/17 09:58:44 Page 34 of 60 Document Case number (if known) Debtor 1 James A. Deola Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider **Insider's Name and Address Total amount** Amount you Reason for this payment Dates of payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number Portfolio Recovery Assoc., LLC v. Collection **Superior Court of New** Pending James Deola Jersey □ On appeal DC-005277-16 **Atlantic County Courthouse** □ Concluded 1201 Bacharach Blvd. Atlantic City, NJ 08401 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No п Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

per person

Address:

8.

Describe the gifts

Value

Dates you gave

the gifts

Yes. Fill in the details for each gift. Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

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Person Who Was Paid

Address

Description and value of any property

transferred

Amount of payment

Date payment

made

or transfer was

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Debtor 1 James A. Deola

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No | | | | | | | | |
|-----|---|--|--|-----------------|--------------|---|---|--|--|
| | Yes. Fill in the details. | | | | | | | | |
| | Person Who Received Transfer Address | | Description and very property transfer | | paymo | ibe any property or ents received or debts n exchange | Date transfer was made | | |
| | Person's relationship to you | | | | • | · · | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of trust | Description and value of the property transferred | | | | Date Transfer was | | | |
| | | | | | | | made | | |
| Par | rt 8: List of Certain Financial A | ccounts, Instr | uments, Safe Deposi | t Boxes, and Si | torage Unit | S | | | |
| 20. | Within 1 year before you filed for | r bankruptcy, | were any financial ac | counts or instr | ruments he | ld in your name, or for y | our benefit, closed, | | |
| | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details. | | | | | _ | | | |
| | Name of Financial Institution an Address (Number, Street, City, State an Code) | | Last 4 digits of account of account number Type of account of instrument | | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have cash, or other valuables? | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State an | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | | the contents | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | |
| | - | | | | | | | | |
| | NoYes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility | Who else has or had access Descri | | | the contents | Do you still | | | |
| | Address (Number, Street, City, State an | to it? Address (Number, Street, City, State and ZIP Code) | | | | have it? | | | |
| Par | rt 9: Identify Property You Hold | or Control fo | r Someone Else | | | | | | |
| 23. | Do you hold or control any proper for someone. | erty that some | eone else owns? Incl | ude any proper | ty you bori | rowed from, are storing | for, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State an | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value | | | |
| Par | rt 10: Give Details About Enviror | nmental Inform | • | | | | | | |
| | CITO DOLUNG ABOUT ENVIIO | viitai iiiiVii | | | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Official Form 107

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Case number (if known)

Debtor 1 James A. Deola

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | haz | ardous material, pollutant, contaminant | or s | imilar term. | | | | | | | | |
|-----|------------|--|--------|--|-----------|----------------------|--------------------------|------------------|--|--|--|--|
| Rep | ort a | II notices, releases, and proceedings th | at yo | u know about, regardless of when | they | y occurred. | | | | | | |
| 24. | Has | any governmental unit notified you tha | t you | may be liable or potentially liable | unde | er or in viol | ation of an environme | ental law? | | | | |
| | ■ No | | | | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environme know it | ntal law, if you | Date of notice | | | | |
| 25. | Hav | e you notified any governmental unit of | any | release of hazardous material? | | | | | | | | |
| | ■ No | | | | | | | | | | | |
| | | Yes. Fill in the details. | | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environme know it | ntal law, if you | Date of notice | | | | |
| 26. | Hav | e you been a party in any judicial or adr | ninis | trative proceeding under any envi | ronm | nental law? | Include settlements a | and orders. | | | | |
| | | | | , , | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | | | |
| | Case Title | | | Court or agency | Nati | ure of the c | ase | Status of the | | | | |
| | Cas | se Number | | Name Address (Number, Street, City, State and ZIP Code) | | | | case | | | | |
| Par | t 11: | Give Details About Your Business or | Coni | nections to Any Business | | | | | | | | |
| 27. | With | nin 4 years before you filed for bankrup | cy, d | lid you own a business or have an | y of t | the followir | ng connections to any | business? | | | | |
| | | ☐ A sole proprietor or self-employed i | n a tı | rade, profession, or other activity, | eithe | er full-time | or part-time | | | | | |
| | | ☐ A member of a limited liability comp | any | (LLC) or limited liability partnershi | ip (Ll | LP) | | | | | | |
| | | ☐ A partner in a partnership | | | | | | | | | | |
| | | ☐ An officer, director, or managing ex | ecuti | ve of a corporation | | | | | | | | |
| | | ☐ An owner of at least 5% of the votin | g or | equity securities of a corporation | | | | | | | | |
| | | No. None of the above applies. Go to l | Part 1 | 2. | | | | | | | | |
| | | Yes. Check all that apply above and fil | in th | ne details below for each business | S. | | | | | | | |
| | | siness Name dress | Des | scribe the nature of the business | | | Identification number | | | | | |
| | | mber, Street, City, State and ZIP Code) | Nar | ne of accountant or bookkeeper | | | | number of frint. | | | | |
| | Fre | eeform Holding Company, Inc. | Но | Iding company only | | Dates bus EIN: | iness existed 22-2895568 | | | | | |
| | 12 | B Millville Ave. | | | | | | | | | | |
| | Mil | Milmay, NJ 08340 | | David P. Schad, CPA | | From-To | 1988 - present | | | | | |
| | | | | | | | | | | | | |

Page 38 of 60 Document Debtor 1 James A. Deola Case number (if known) 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James A. Deola Signature of Debtor 2 James A. Deola Signature of Debtor 1 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Doc 1

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| Fill in this inform | ation to identify your | | | | | |
|--------------------------------------|---|--|------------------------------|--|--------------------------------|--|
| | ation to identify your | case: | | | | |
| Debtor 1 | James A. Deola First Name | Middle Name | | Last Name | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | | Last Name | | |
| United States Ban | kruptcy Court for the: | DISTRICT OF NE | W JERSEY | | | |
| Case number | | | | | | |
| (if known) | | - | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Official For | m 108 | | | | | |
| Statemen | t of Intentio | n for Indiv | iduals | Filing Under Ch | napter 7 | 12/15 |
| | | | 1000.0 | ·g • | <u></u> | 12,10 |
| If you are an indiv | ridual filing under cha | oter 7, you must fill | out this forr | n if: | | |
| creditors have | claims secured by yo | ur property, or | | | | |
| | ed personal property a | | | | | |
| | | | | bankruptcy petition or by the use. You must also send cop | | |
| on the fo | • | | | · | | • |
| | ople are filing together | in a joint case, bo | th are equall | y responsible for supplying o | correct inform | ation. Both debtors must |
| · · | | | | | O 11 1- | |
| | nd accurate as possib ur name and case nur | | needed, atta | ach a separate sheet to this f | orm. On the to | op of any additional pages, |
| | | , | | | | |
| Part 1: List You | ur Creditors Who Have | Secured Claims | | | | |
| • | - | rt 1 of Schedule D | : Creditors W | ho Have Claims Secured by | Property (Offi | cial Form 106D), fill in the |
| information bel Identify the cree | ow. ditor and the property the | nat is collateral | What do you | ou intend to do with the prop | erty that | Did you claim the property as exempt on Schedule C? |
| | | | | | | |
| Creditor's PN | NC Bank | | □ Surrend | er the property. | | ■ No |
| name: | TO Dank | | | the property and redeem it. | | ■ NO |
| Description of | 400 Milleille Ave B | Claracia N. I | ☐ Retain t | he property and enter into a | | □Yes |
| property | 128 Millville Ave. N 08340 Atlantic Co | • • | _ | mation Agreement. | | |
| securing debt: | | , | Retain t | he property and [explain]: | | |
| 3 | | | | | | |
| | ur Unexpired Persona | | | | | |
| For any unexpired in the information | d personal property lea below. Do not list rea | ase that you listed I estate leases. Un | in Schedule expired lease | G: Executory Contracts and less are leases that are still in e | Unexpired Leaseffect: the leas | ases (Official Form 106G), fill se period has not vet ended. |
| | | | | oes not assume it. 11 U.S.C. | | ponou nuo noi yoi onuou. |
| Describe your un | nexpired personal proj | nerty leases | | | Will | the lease be assumed? |
| Describe your un | iexpired personal proj | city icases | | | ****** | the lease be assumed: |
| Lessor's name: | | | | | | No |
| Description of least Property: | sea | | | | | Υ Δ¢ |
| | | | | | Ц | । তও |
| Lessor's name: | | | | | | No |
| Description of least Property: | sed | | | | г, | V |
| . roporty. | | | | | | res |
| Lessor's name: | | | | | | No |

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

page 1

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| Debtor 1 James A. Deola | Case number (if known) |
|---|--|
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased | ☐ Yes |
| Property: Lessor's name: | ☐ Yes |
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intenti property that is subject to an unexpired lease. | ion about any property of my estate that secures a debt and any personal |
| X /s/ James A. Deola | X |
| James A. Deola Signature of Debtor 1 | Signature of Debtor 2 |
| Date | Date |

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| Fill in this inf | ormation to identify your case: | | | | | irected in this form and | d in Form |
|--|--|--|--------------------------------------|------------------------|-------------------------------------|--|-----------------------------------|
| Debtor 1 | James A. Deola | | 122 | 2A-1Sup | p: | | |
| Debtor 2 (Spouse, if filing) | | | | □ 1. Th | ere is no pres | umption of abuse | |
| United State | s Bankruptcy Court for the: | sey | | ap | plies will be m | o determine if a presunade under <i>Chapter</i> 7 | • |
| Case number | r | | _ , | ☐ 3. Th | e Means Test | cial Form 122A-2). does not apply now be service but it could a | |
| | | | | | | n amended filing | opiy ialer. |
| Official | Form 122A - 1 | | | — 0110 | | ir ameriaea iiirig | |
| | r 7 Statement of Your Cur | rent Mor | nthly Inc | ome | 1 | | 12/1 |
| attach a separ case number (qualifying mili | e and accurate as possible. If two married people a ate sheet to this form. Include the line number to w if known). If you believe that you are exempted fror tary service, complete and file Statement of Exemp Calculate Your Current Monthly Income | hich the additior n a presumption | nal information a of abuse becau | applies. (se you d | On the top of ar o not have prin | ny additional pages, wri narily consumer debts o | te your name and or because of |
| | s your marital and filing status? Check one on | lv. | | | | | |
| _ | married. Fill out Column A. lines 2-11. | .,,. | | | | | |
| | ried and your spouse is filing with you. Fill ou | t both Columns | A and B lines | 2-11 | | | |
| | ried and your spouse is NOT filing with you. | | | | | | |
| | iving in the same household and are not lega | • | - | lumns A | and B. lines 2 | 2-11. | |
| □ Li | iving separately or are legally separated. Fill of the separately or are legally separated. Fill of the separately or and your spouse are leading apart for reasons that do not include evading apart for reasons that do not include evading. | out Column A, linegally separated | nes 2-11; do no I under nonban | ot fill out kruptcy | Column B. By law that applie | checking this box, your sor that you and you | |
| 101(10A). F the 6 month | average monthly income that you received from all strong example, if you are filing on September 15, the 6-mas, add the income for all 6 months and divide the total with the same rental property, put the income from that property. | onth period would by 6. Fill in the res | be March 1 throusult. Do not include | ugh Augu de any ind | st 31. If the amo | ount of your monthly incor ore than once. For examp | ne varied during ble, if both |
| | | | | Columi Debtor | | Column B Debtor 2 or non-filing spouse | |
| | ross wages, salary, tips, bonuses, overtime, a deductions). | and commissio | ons (before all | \$ | 5,206.67 | \$ | |
| | y and maintenance payments. Do not include a B is filled in. | payments from | a spouse if | \$ | 0.00 | \$ | |
| of you from an and roo | counts from any source which are regularly pa or your dependents, including child support. I unmarried partner, members of your household ommates. Include regular contributions from a sp Do not include payments you listed on line 3. | Include regular, your depender | contributions nts, parents, | \$ | 0.00 | \$ | |
| | ome from operating a business, profession, | or farm | | | | | |
| | | | tor 1 | | | | |
| | eceipts (before all deductions) | \$ 0.00 | | | | | |
| | y and necessary operating expenses | -\$ 0.00 | Copy here -> | ¢ | 0.00 | \$ | |
| | nthly income from a business, profession, or farr | n \$ | Copy nere -> | Φ | 0.00 | Φ | |
| 6. Net inc | ome from rental and other real property | Deb | tor 1 | | | | |
| Gross r | eceipts (before all deductions) | \$ 0.00 | | | | | |
| | y and necessary operating expenses | -\$ 0.00 | | | | | |
| | nthly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 7. Interes | t, dividends, and royalties | | | \$ | 0.00 | \$ | |

Official Form 122A-1

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James A. Deola Page 42 of 60

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------|---|--|-------------|-------------------|------------|-----------------------------------|----------------|----------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here: | t received was a bene | fit under | | | | | |
| | For you \$ | 0. | 00 | | | | | |
| | For you \$ For your spouse \$ | | | | | | | |
| 9. | Pension or retirement income. Do not include any ambenefit under the Social Security Act. | nount received that wa | is a | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below. | Security Act or paymer manity, or internationa a separate page and p | nts I or | \$ | 0.00 | \$ | | |
| | | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to | | \$ | 5,206.67 | + | | = \$ | 5,206.67 |
| | | | | | | | Total c | urrent monthly |
| Part | 2: Determine Whether the Means Test Applies to | o You | | | | | moomo | |
| | • | | | | | | | |
| 12. | Calculate your current monthly income for the year. | Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line 1 | l1 | | Сору | line 11 h | nere=> | \$ | 5,206.67 |
| | Multiply by 12 (the number of months in a year) | | | | | | x 1 | |
| | 12b. The result is your annual income for this part of the | e form | | | | 12b. | \$ | 52,480.04 |
| 13. | Calculate the median family income that applies to | you. Follow these ste | os: | | | | | |
| | Fill in the state in which you live. | NJ | | | | | | |
| | Fill in the number of people in your household. | 1 | | | | | | |
| | Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | online using the link s | | in the separa | | | \$6 | 52,149.00 |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. O Go to Part 3. | n the top of page 1, ch | neck box | 1, There is r | o presum | ption of abuse |) . | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2 | , The pr | esumption of | abuse is | determined by | Form 12 | 2A-2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information o | n this st | atement and i | n any atta | achments is tru | ue and co | orrect. |
| | X /s/ James A. Deola | | | | , | | | |
| | James A. Deola | | | | | | | |
| | Signature of Debtor 1 | | | | | | | |
| | Date | | | | | | | |
| | If you checked line 14a, do NOT fill out or file Forn | n 122A-2 | | | | | | |
| | • | | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and f | iie it witti tillS lOfffi. | | | | | | |

Debtor 1

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| | I in this information to identify your case: | | theck the appropriatenes 40 or 42: | box as directed in |
|--------------|--|-------------------------|------------------------------------|--------------------------|
| Deb | btor 1 James A. Deola | _ | | |
| 1 | btor 2 pouse, if filing) | - | Statement: | lations required by this |
| `` | • | | ■ 1. There is no presi | umption of abuse. |
| Uni | ited States Bankruptcy Court for the: District of New Jersey | - | ☐ 2. There is a presu | motion of abuse |
| 1 | se number known) | - | 2. There is a presui | inplion of abuse. |
| | | | Check if this is an a | mended filing |
| _ | ficial Form 122A - 2 | | | |
| Ch | napter 7 Means Test Calculation | | | 04/1 |
| To f | fill out this form, you will need your completed copy of Chapter 7 Statem | ent of Your Current M | lonthly Income (Officia | al Form 122A-1). |
| spac addi | as complete and accurate as possible. If two married people are filing to ce is needed, attach a separate sheet to this form, Include the line numb litional pages, write your name and case number (if known). Tt 1: Determine Your Adjusted Income | | | |
| 1. | Copy your total current monthly income. Copy line 11 | from Official Form 122 | 2A-1 here=> \$ | 5,206.67 |
| 2. | Did you fill out Column B in Part 1 of Form 122A-1? | | | |
| | No. Fill in \$0 for the total on line 3. | | | |
| | ☐ Yes. Is your spouse Filing with you? | | | |
| | ☐ No. Go to line 3. | | | |
| | ☐ Yes. Fill in \$0 for the total on line 3. | | | |
| 3. | Adjust your current monthly income by subtracting any part of your sphousehold expenses of you or your dependents. Follow these steps: | | | |
| | On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents? | reported for your spous | e NOT regularly used for | or the household |
| | ■ No. Fill in 0 for the total on line 3. | | | |
| | ☐ Yes. Fill in the information below: | | | |
| | State each purpose for which the income was used | Fill in the amou | nt vou | |
| | For example, the income is used to pay your spouse's tax debt or to | are subtracting | from | |
| | support other than you or your dependents. | your spouse's i | icome | |
| | | | _ | |
| | | \$ | _ | |
| | | \$ | | |
| | | | _ | |
| | Total. | \$ | <u> </u> | |
| | | | Copy total here=> | - \$0.00 |
| | | | | |
| 4. | Adjust your current monthly income. Subtract line 3 from line 1. | | | \$ 5,206.67 |
| | , | | | |

Official Form 122A-2

| | Case 17-11571-JNP Doc 1 Filed Docu | | 7 Enter Page 44 | | 7 09:58:44 | Desc N | ⁄lain |
|----------|--|--------------------------------|-----------------------------------|--------------------|--------------------|------------|--------|
| Debtor 1 | James A. Deola | | | Case number (if ki | nown) | | |
| Part 2: | Calculate Your Deductions from Your Income | | | | | | |
| to ar | Internal Revenue Service (IRS) issues National and L nswer the questions in lines 6-15. To find the IRS sta ructions for this form. This information may also be a | ndards, go o | nline using t | the link specified | | | |
| your | uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Described in line 3 and do not deduct any operating expenses the | o not deduct | any amounts | that you subtract | ed fro your spou | se's | |
| If you | ur expenses differ from month to month, enter the average | ge expense. | | | | | |
| Whe | never this part of the from refers to you, it means both yo | ou and your s | oouse if Colu | mn B of Form 12 | 2A-1 is filled in. | | |
| 5. | The number of people used in determining your ded | luctions from | income | | | | |
| | Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household. | | | | | 1 | |
| Natio | onal Standards You must use the IRS National | l Standards to | answer the | questions in lines | 6-7. | | |
| 6. | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and | | ntered in line | 5 and the IRS Na | ational | \$ | 570.00 |
| | Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional contents of the contents of | nber of people a higher IRS | e is split into t allowance fo | wo categoriesp | eople who are ur | der 65 and | Э |
| Peop | ole who are under 65 years of age | | | | | | |
| | 7a. Out-of-pocket health care allowance per person | \$ | 54_ | | | | |
| | 7b. Number of people who are under 65 | x | 1_ | | | | |
| | 7c. Subtotal. Multiply line 7a by line 7b. | \$ | 54.00 | Copy here=> | \$ 54.0 | 00 | |
| Peop | ole who are 65 years of age or older | | | | | | |
| | 7d. Out-of-pocket health care allowance per person | \$ | 130 | | | | |
| | 7e. Number of people who are 65 or older | X | 0 | | | | |
| | 7f. Subtotal. Multiply line 7d by line 7e. | \$ | 0.00 | Copy here=> | +\$ 0.0 | 00 | |

54.00

Copy total here=>

7g. Total. Add line 7c and line 7f

54.00

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James A. Deola Debtor 1 Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

| Based on information from the IRS, the U.S. 7 | Trustee Program has divided the IRS Local Standard for housing for |
|---|--|
| bankruptcy purposes into two parts: | |

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.

or rent expense). If this amount is less than \$0, enter \$0.

This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 520.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1.287.00 \$ listed for your county for mortgage or rent expenses..... 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment **PNC Bank** 2,202.00 \$ Repeat this Copy amount on 2,202.00 Total average monthly payment 2,202.00 here=> line 33a.

9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00

\$

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
 - ☐ 0. Go to line 14.
 - 1. Go to line 12.
 - 2 or more. Go to line 12.
- 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 270.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$

here=>

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| Debtor 1 | James A. Deola | | Case number | (if known) | | |
|----------|---|---------------------------|------------------------|-------------------|--|--------|
| | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles. | | | | | |
| Vel | nicle 1 Describe Vehicle 1: | | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| 13b. | Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. | | | | | |
| | To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60. | | t | | | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | | |
| | -NONE- | \$ | | | | |
| | Total Average Monthly Payment | \$ | Copy here => | -\$ | Repeat this amount on line 33b. | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0, | enter \$0. | \$ | 0.00 | Copy net Vehicle 1 expense here => \$ | 0.00 |
| Vel | nicle 2 Describe Vehicle 2: | | | | | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | . \$ | 0.00 | | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2. leased vehicles. | Do not include costs for | r | | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | | |
| | | \$ | | | | |
| | Total Average Monthly Payment | \$ | Copy here => -\$ | 0.0 | Repeat this amount on line 33c. | |
| 13f. | Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0, | enter \$0 | \$ | 0.00 | Copy net Vehicle 2 expense here => \$ | 0.00 |
| 14. | Public transportation expense: If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you | | | ards, fill in the | Public \$ | 0.00 |
| 15. | Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i> | hat you believe is the ap | | | | 173.00 |

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Debtor 1 James A. Deola Case number (if known)

| Oth | er Necessary Expenses | In addition to the expense deductions listed above, you are allowed your monthly expenses | for | |
|-----|--|---|-----|----------|
| | | the following IRS categories. | | |
| 16. | self-employment taxes, soc your pay for these taxes. Ho | mount that you will actually owe for federal, state and local taxes, such as income taxes, ial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 om the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, s | sales, or use taxes. | \$ | 1,344.51 |
| 17. | Involuntary deductions: T contributions, union dues, a | he total monthly payroll deductions that your job requires, such as retirement and uniform costs. | | |
| | Do not include amounts tha | t are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include paym | nonthly premiums that you pay for your own term life insurance. If two married people are nents that you make for your spouse's term life insurance. Do not include premiums for life nts, for a non-filing spouse's life insurance, or for any form of life insurance other than | \$ | 0.00 |
| 19. | | The total monthly amount that you pay as required by the order of a court or as spousal or child support payments. | | |
| | Do not include payments or | n past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total month ■ as a condition for your jo | nly amount that you pay for education that is either required: | | |
| | for your physically or me | entally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | | ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. r any elementary or secondary school education. | \$ | 0.00 |
| 22. | that is required for the healt | benses, excluding insurance costs: The monthly amount that you pay for health care the and welfare of you or your dependents and that is not reimbursed by insurance or paid to the total entered in line 7. | | |
| | Payments for health insurar | nce or health savings accounts should be listed only in line 25. | \$ | 141.00 |
| 23. | for you and your dependent | elephone services: The total monthly amount that you pay for telecommunication services its, such as pagers, call waiting, caller identification, special long distance, or business cell to the necessary for your health and welfare or that of your dependents or for the production of ed by your employer. | | |
| | | r basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses al Add lines 6 through 23. | llowed under the IRS expense allowances. | \$ | 3,072.51 |

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Debtor 1 James A. Deola Case number (if known)

| Add | litional Expense Deductions These are additional ded | luctions | allowed by th | e Means Test | | |
|-----|--|--------------------------------|-------------------------------------|--|-----|-------|
| Aud | Note: Do not include any | | Ť | | | |
| 25. | Health insurance, disability insurance, and health savi insurance, disability insurance, and health savings account your dependents. | ings ac | count expen | ses. The monthly expenses for health | | |
| | Health insurance | \$ | 0.00 | | | |
| | Disability insurance | \$ | 0.00 | | | |
| | Health savings account + | \$ | 0.00 | | | |
| | | | |] | | |
| | Total | \$ | 0.00 | Copy total here=> | \$ | 0.00 |
| | Do you actually spend this total amount? | | | - | | |
| | □ No. How much do you actually spend? | \$ | | | | |
| 26. | Continued contributions to the care of household or facontinue to pay for the reasonable and necessary care and your household or member of your immediate family who is include contributions to an account of a qualified ABLE pro | amily m d suppo is unabl | ort of an elderl e to pay for so | y, chronically ill, or disabled member of uch expenses. These expenses may | \$ | 0.00 |
| 27. | Protection against family violence. The reasonably necessafety of you and your family under the Family Violence Pr | | | | | |
| | By law, the court must keep the nature of these expenses | confide | ntial. | | \$ | 0.00 |
| 28. | Additional home energy costs. Your home energy costs line 8. | are inc | luded in your | insurance and operating expenses on | | |
| | If you believe that you have home energy costs that are m 8, then fill in the excess amount of home energy costs. | ore tha | n the home er | nergy costs included in expenses on line | | |
| | You must give your case trustee documentation of your acamount claimed is reasonable and necessary. | ctual exp | penses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | Education expenses for dependent children who are y \$160.42* per child) that you pay for your dependent children public elementary or secondary school. | | | | | |
| | You must give your case trustee documentation of your acclaimed is reasonable and necessary and not already according to the control of the c | | | | | |
| | * Subject to adjustment on 4/01/19, and every 3 years afte | er that fo | or cases begu | n on or after the date of adjustment. | \$ | 0.00 |
| 30. | Additional food and clothing expense. The monthly ame higher than the combined food and clothing allowances in than 5% of the food and clothing allowances in the IRS Na | the IRS | National Sta | ctual food and clothing expenses are ndards. That amount cannot be more | | |
| | To find a chart showing the maximum additional allowance instructions for this form. This chart may also be available | | | | | |
| | You must show that the additional amount claimed is reason | onable | and necessar | y. | \$ | 19.00 |
| 31. | Continuing charitable contributions. The amount that you instruments to a religious or charitable organization. 26 U.S. | | | ntribute in the form of cash or financial | +\$ | 50.00 |
| 32. | Add all of the additional expense deductions. Add lines 25 through 31. | | | | \$ | 69.00 |

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Debtor 1 James A. Deola Case number (if known)

| Deduc | ctions for Debt Payment | | | | | | | | |
|---|---|---|----------|--------------------------------------|------------------------|-------------------------|--|--|--|
| 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. | | | | | | | | | |
| | o calculate the total average monthly payeditor in the 60 months after you file for | ment, add all amounts that are contractually dopankruptcy. Then divide by 60. | ue to ea | ch secured | | | | | |
| | Mortgages on your home: | | | | | Average monthly payment | | | |
| 33a. | Copy line 9b here | | | 1 | => \$ | 2,202.00 | | | |
| | Loans on your first two vehicles: | | | | | | | | |
| 33b. | Copy line 13b here | | | | => \$ | 0.00 | | | |
| 33c. | | | | | => \$ | 0.00 | | | |
| 33d. | List other secured debts: | | | | | | | | |
| Name | of each creditor for other secured debt | Identify property that secures the debt | | Does paymen include taxes insurance? | | | | | |
| | | | | □ No | | | | | |
| | -NONE- | | | ☐ Yes | 9 | | | | |
| - | | | | | 4 | , | | | |
| | | | | □ No | | | | | |
| _ | | _ | | ☐ Yes | \$ | . | | | |
| | | | | □ No | | | | | |
| | | | | ☐ Yes | . 0 | | | | |
| = | | _ | | — 162 | +\$ ¬ | | | | |
| 33e. | Total average monthly payment. Add lir | es 33a through 33d | \$ | 2,202.00 | Copy total here= | > \$ 2,202.00 | | | |
| | | | | | | | | | |
| | | secured by your primary residence, a vehicle poort or the support of your dependents? | le, | | | | | | |
| _ | No. Go to line 35. | pperson and capperson your appendance. | | | | | | | |
| | | pay to a creditor, in addition to the payments | | | | | | | |
| | listed in line 33, to keep posses Next, divide by 60 and fill in the | sion of your property (called the <i>cure amount</i>). information below. | | | | | | | |
| Name | e of the creditor | Identify property that secures the debt | | Total cure amount | | Monthly cure amount | | | |
| PNC | Bank | 128 Millville Ave. Milmay, NJ 08340 Atlantic County | \$ | 11,469.28 | ÷ 60 = | \$191.15 | | | |
| | | | \$ | | ÷ 60 = | \$ | | | |
| - | | | \$ | | ÷ 60 = + | \$ | | | |
| | | | | | | | | | |
| | | Tota | \$ | 191.15 | Copy total here= | > \$ 191.15 | | | |
| | o you owe any priority claims such as e past due as of the filing date of you | a priority tax, child support, or alimony - th | at | | | | | | |
| | | Ep. 2, 2222 0.0.0. 3 007. | | | | | | | |
| | | nese priority claims. Do not include current or | | | | | | | |
| | Total amount of all past-due pr | • | \$ | 0.00 | ÷ 60 = | \$ | | | |

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| Debtor 1 | Jame | es A. Deola | | Ca | ase n | umber (if known) |
|---|---|---|------------|-------------------|-------|---|
| For | r more | eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Bas</i> as for this form. <i>Bankruptcy Basics</i> may also be available. | ics spec | | | |
| | | Go to line 37. Fill in the following information. | | | | |
| | | Projected monthly plan payment if you were filing under | r Chapte | er 13 | \$ | |
| | | Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for di and North Carolina) or by the Executive Office for Unite (for all other districts). | stricts in | Alabama | x | |
| | | To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office. | m. This | list may also | | Copy total |
| | | Average monthly administrative expense if you were fili | ng unde | r Chapter 13 | | \$ here=> \$ |
| - | | of the deductions for debt payment. s 33e through 36. | | | | \$2,393.15_ |
| Total D | Deduct | ions from Income | | | | |
| 38. Ad | d all o | f the allowed deductions. | | | | |
| | | e 24, All of the expenses allowed under IRS allowances | \$ | 3,072.5 | 1 | |
| Co | opy lin | e 32, All of the additional expense deductions | \$ | 69.0 | 0 | |
| Co | opy lin | e 37, All of the deductions for debt payment | +\$ | 2,393.1 | 5_ | ٦ |
| | | Total deductions | \$ | 5,534.6 | 6 | Copy total here=> \$5,534.66 |
| Part 3: | Det | ermine Whether There is a Presumption of Abuse | | | | |
| 39. Ca l | lculate | monthly disposable income for 60 months | | | | |
| | | by line 4, adjusted current monthly income | \$ | 5,206.6 | 7 | |
| | | by line 38, Total deductions | - \$ | 5,534.6 | | |
| 39 | 9c. Mo Sul | nthly disposable income. 11 U.S.C. § 707(b)(2). otract line 39b from line 39a | \$ | -327.9 | 9 | Copy here=>\$ -327.99 |
| Fo | or the r | next 60 months (5 years) | | | | x 60 |
| 39 | 9d. To t | al. Multiply line 39c by 60 | 0 | 9d. \$ | -19 | 9,679.40 Copy here=> \$19,679.40 |
| 40. Fin | nd out | whether there is a presumption of abuse. Check the | box that | applies: | | |
| ■ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. | | | | | | |
| | ☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. | | | | | |
| | ☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41. | | | | | |
| *Su | ubject t | o adjustment on 4/01/19, and every 3 years after that fo | r cases t | filed on or after | the | date of adjustment. |

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| Debtor 1 | Jam | es A. Deola | Case number (if known) | |
|----------------|---------|--|--|---|
| | | | | |
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled on A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | \$ x .25 | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(| (I) \$ \$ | |
| | | Multiply line 41a by 0.25 | | |
| 25 | 5% of y | ne whether the income you have left over after subtracting all allowed devour unsecured, nonpriority debt. e box that applies: | ductions is enough to pay | |
| | | 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> part 5. | ere is no presumption of abuse. | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The | | |
| Part 4: | Giv | ve Details About Special Circumstances | | |
| 43 Do v | ou hav | ve any special circumstances that justify additional expenses or adjustm | ents of current monthly income for which there is no | _ |
| | | e alternative? 11 U.S.C. § 707(b)(2)(B). | | |
| ■ 1 | No. Go | o to Part 5. | | |
| | | I in the following information. All figures should reflect your average monthly exm. You may include expenses you listed in line 25. | xpense or income adjustment for each | |
| | ne | ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments. | | |
| | G | | Average monthly expense or income adjustment | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | _ | | · · | |
| Part 5: | _ | n Below | | |
| | - | gning here, I declare under penalty of perjury that the information on this state | ment and in any attachments is true and correct. | |
| | | / James A. Deola imes A. Deola | | |
| | Siç | gnature of Debtor 1 | | |
| Da | ate Mi | M/DD/YYYY | | |
| | | | | |

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Debtor 1 James A. Deola Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2016 to 12/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Income by Month:

| 6 Months Ago: | 07/2016 | \$4,960.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 08/2016 | \$4,960.00 |
| 4 Months Ago: | 09/2016 | \$4,960.00 |
| 3 Months Ago: | 10/2016 | \$4,960.00 |
| 2 Months Ago: | 11/2016 | \$5,640.00 |
| Last Month: | 12/2016 | \$5,760.00 |
| | Average per month: | \$5,206,67 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|------------|----|--------------------|--|
| \$24 | 5 | filing fee | |
| \$75 | 5 | administrative fee | |
| + \$1 | 5_ | trustee surcharge | |
| \$33 | 5 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-11571-JNP Doc 1 Filed 01/27/17 Entered 01/27/17 09:58:44 Desc Main Document Page 57 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

| In re | James A. Deola | | Case No. | | | | |
|-------------|--|--|--|-----------------------|-----------------|--|--|
| | | Debtor(s) | Chapter | 7 | | | |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR DE | EBTOR(S) | | | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(becompensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy, | or agreed to be paid | to me, for services i | | | |
| | For legal services, I have agreed to accept | | \$ | 1,700.00 | | | |
| | Prior to the filing of this statement I have received | | \$ | 1,700.00 | | | |
| | Balance Due | | \$ | 0.00 | | | |
| 2. T | The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. T | The source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. I | I have not agreed to share the above-disclosed compe | ensation with any other person | unless they are mem | bers and associates | of my law firm. | | |
| [| ☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name | | | | law firm. A | | |
| 5. I | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| b c. | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, states Representation of the debtor at the meeting of creditor [Other provisions as needed] | ement of affairs and plan which | may be required; | - | kruptcy; | | |
| 6. B | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding. | does not include the following chargeability actions, judi | g service: cial lien avoidance | es, relief from sta | ay actions or | | |
| | | CERTIFICATION | | | | | |
| | certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement for | payment to me for re | epresentation of the | debtor(s) in | | |
| | | /s/ Francis P. Cul | lari, Esquire | | | | |
| Da | ate | Francis P. Cullari Signature of Attorne | • | | | | |
| | | The Law Office of | f Francis P. Cullar | i | | | |
| | | 1200 Mill Road, Suite A | | | | | |
| | | | Northfield, NJ 08225 609.383.3511 Fax: 609.383.3994 | | | | |
| | | cullari@comcast. | cullari@comcast.net | | | | |
| | | Name of law firm | Name of law firm | | | | |

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United States Bankruptcy CourtDistrict of New Jersey

| District of New Jersey | | | | | | | |
|------------------------|----------------------------------|--|-------------------|-----------------------|--|--|--|
| In re | James A. Deola | | Case No. | | | | |
| | | Debtor(s) | Chapter | 7 | | | |
| | VER | | | | | | |
| The abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and co | rrect to the best | of his/her knowledge. | | | |
| Date: | | /s/ James A. Deola James A. Deola | | | | | |

Signature of Debtor

Advanced Call Center Technologies, LLC PO Box 9091 Johnson City, TN 37615

Alliance One Receivables Management, Inc 6565 Kimball Dr Suite 200 Gig Harbor, WA 98335

Barclays Bank Delaware / AAdvantage Card 100 S West St Wilmington, DE 19801

Capital Management 698 1/2 South Ogden St. Buffalo, NY 14206

Carrie A. Brown, Esquire 120 Corporate Blvd. Norfolk, VA 23502

Chase Receivables Attn: Correspondence Po Box 15298 Wilmington, DE 19850

Citicards Cbna Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Dicks Sporting Goods 345 Court St. Coraopolis, PA 15108

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

PNC Bank PO Box 3180 Pittsburgh, PA 15230

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

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South Jersey Gas PO Box 6091 Bellmawr, NJ 08099

United Collection Bureau, Inc 5620 Southwyck Blvd Suite 206 Toledo, OH 43614

Verizon 500 Technology Dr Suite 500 Weldon Spring, MO 63304